PRINTED: 05/28/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING **B. WING** 05/28/2009 NVS339AGC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4920 RONAN DRIVE** PRIME CARE FACILITY LAS VEGAS, NV 89110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Y 000 Initial Comments Y 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations. actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was seven. Seven resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified: Y 223 Y 223 449.213(3) Laundry-Linen - Equipment, Venting SS=F NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the

needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in

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If deficiencies are cited) an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTION'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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STATE FORM

Bureau of Health Care Quality & Compliance

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STATEMENT OF DEFICIENCIES	П
AND PLAN OF CORRECTION	П

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X2) MULTIP	LE CONSTRUCTION
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(X3) DATE SURVEY COMPLETED

NVS339AGC

A. BUILDING B. WING_

05/28/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

4920 RONAN DRIVE

		LAS VEGAS, NV 891	RONAN DRIVE /EGAS, NV 89110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
Y 223	Continued From page 1 a room or enclosure.	Y 223				
	This Regulation is not met as evidence Based on observations and interview or the facility failed to keep the laundry roc and check the connection of the dryer to hose to prevent the collection of lint from collecting behind the washer and dryer Severity: 2 Scope: 3	n 5/27/09, om clean o the vent n	Installed a new clamp around the vent hose affacts form be hind lint debnis from be hind the washer and dryer. Cheated a monthly check lish to be signed and dated after cleaning and inspecting for lint debris behind dryer and washer, this dificiency will not occur any more (see affacts pictures and sample monthly check-list)			
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